Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

4299-0108P

|  |   |   |                                       |                                   |              |                  |           |   |                        |      | -10/6                         | 20. <u>/                                   </u> |
|--|---|---|---------------------------------------|-----------------------------------|--------------|------------------|-----------|---|------------------------|------|-------------------------------|---|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |   |                                       |                                   |              |                  |           | SMALL ENTITY TYPE                       |                        | OR   | OTHER THAN SMALL ENTITY       |   |
| TOTAL CLAIMS                                   |   |   | 11                                    |                                   |              | -                |           | RATE                                    | FEE                    | 1    | RATE                          | FEE   |
| FOR  |   |   | NUMBER FILED                          |                                   | NUME         | NUMBER EXTRA     |           | BASIC FEE                               | 385.00                 | OR   | BASIC FEE                     | 770.00  |
| TOTAL CHARGEABLE CLAIMS                        |   |   | //- mir                               | nus 20=                           | * 0          | 1                |           | X\$ 9=                                  |                        | OR   | X\$18=                        |   |
| INDEPENDENT CLAIMS                             |   |   | / _ minus 3 = *                       |                                   |              |                  |           | X43=                                    |                        | OR   | X86=                          |   |
| ML   | ILTIPLE DEPEN   | NDENT CLAIM PI                            | RESENT                                |                                   |              |                  |           | +145=                                   |                        | OR   | +290=                         |   |
| * If   | the difference  | in column 1 is                            | less than zero, enter "0" in column 2 |                                   |              |                  | I         | TOTAL                                   |                        | OR   | TOTAL                         | 770,  |
| CLAIMS AS AMENDED - PART II                    |   |   |                                       |                                   |              | (O=1::mn 2)      |           | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                        |      |                               |   |
|  |   | (Column 1)                                |                                       | (Columr                           |              | (Column 3)       | column 3) |   | <u> </u>               | - Un | JIVIALL .                     | -141111   |
| AMENDMENT A                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE                          |
|  | Total   | *   | Minus                                 | **                                |              | =                |           | X\$ 9=                                  |                        | OR   | X\$18=                        |   |
|  | Independent   | *   | Minus                                 | ***                               |              | =                |           | X43=                                    |                        | OR   | X86=                          |   |
|  | FIRST PHESE   | ENTATION OF MU                            | JLTIPLE DEF                           | 3ENDEN I                          | CLAIM        |                  |           | +145=                                   |                        | OR   | +290=                         |   |
|  |   |   |                                       |                                   |              | -                | L         | TOTAL                                   |                        | !    | TOTAL                         |   |
|  |   |   |                                       |                                   |              |                  |           | ADDIT. FEE                              |                        | OR   | ADDIT. FEE                    |   |
| (Column 1) (Column 2) (Column 3)               |   |   |                                       |                                   |              |                  |           |   |                        |      |                               |   |
| AMENDMENT B                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>DUSLY | PRESENT<br>EXTRA |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE                          |
|  | Total   | *   | Minus                                 | **                                |              | =                |           | X\$ 9=                                  |                        | OR   | X\$18=                        |   |
|  | Independent   | *   | Minus                                 | ***                               | CL AINA      | =                |           | X43=                                    |                        | OR   | X86=                          |   |
|  | FIRST PRESE   | NTATION OF MU                             | ILI IPLE DEF                          | ENDEN                             | CLAIIVI      |                  |           | +145=                                   |                        | OR   | +290=                         |   |
|  |   |   |                                       |                                   |              |                  | L         | TOTAL<br>ADDIT, FEE                     |                        |      | TOTAL<br>ADDIT. FEE           |   |
|  |   | (Column 1)                                | •                                     |                                   |              |                  | 1001      |   |                        |      |                               |   |
| AMENDMENT C                                    |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·                                     | HIGHE<br>NUME<br>PREVIO<br>PAID F | BER<br>DUSLY | PRESENT<br>EXTRA |           | RATE                                    | ADDI-<br>TIONAL<br>FEE |      | RATE                          | ADDI-<br>TIONAL<br>FEE                          |
|  | Total   | *   | Minus                                 | **                                |              | = .              |           | X\$ 9=                                  |                        | OR   | X\$18=                        |   |
|  | Independent   | *   | Minus                                 | ***                               | CLAIM        | ]=               |           | X43=                                    |                        | OR   | X86=                          |   |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |                                       |                                   |              |                  |           | +145=                                   |                        | OR   | +290=                         |   |
|  | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |   |                                       |                                   |              |                  |           |   |                        |      | TOTAL                         |   |
| ***  | If the "Highest Nur   | mber Previously Panber Previously Paid    | aid For" IN THIS                      | S SPACE is                        | s less tha   | n 3, enter "3."  |           | DDIT. FEE <b>L</b><br>nd in the app     |                        | • •  | ADDIT. FEE <b>L</b><br>umn 1. |   |